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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME SUGGESTIONS IN REFERENCE TO YELLOW FEVER.

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etc.

[We have been furnished with a record of the recent observations of this experienced observer, from which we make the following extracts.—
ED. REPORTER.]

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The question is asked, when should yellow fever be declared epidemic in a town?

The rule in all epidemics is, when more deaths occur from one disease than from all others, in a given time.

But an exception to this rule might be made in yellow fever. And the answer I would give would be this: When there are two or more cases in two or more places, in any city or town, and a tendency to spread. I make this exception for the following reasons: That if persons wish to leave, they ought to leave before it spreads and infects them so they will carry it to other places. Again, to call special attention to these first cases, in order to completely isolate them and disinfect them, their rooms and clothing, that others may not take the disease. These first cases are usually called sporadic, and we are told sporadic cases never produce an epidemic. This is true! But we most positively assert there never was an epidemic without first starting in sporadic cases. Then, to prevent an epidemic, keep all cases isolated. Let no one go

where they are but those who have had the disease, and let all houses be whitewashed with lime, clothes and other things washed in hot water. Send every one from the immediate neighborhood that has not been attacked. The Spanish doctors have a medicine which they give to all such, and others who are not sick, in an epidemic place: "Go quickly, go as far as you can, and come back late." Now, this is sound advice, and the only certain course for safety. I mean for those who have never had the disease, for I still assert no one ever has a real second attack, or if they do, it is only one case in two hundred. All the commissions sent out to investigate this subject, from Louis to the present time, and two-thirds of all authors that have written upon it, assert this to be a fact. So no one need to fear the disease who has had a genuine attack. But it will not do to take every doctor's diagnosis, for they often make mistakes; many of them make no distinctions between yellow fever and periodic fevers, or believe yellow fever to be only an aggravated form of miasmatic (periodic) fever. There have been quite a number of such, and a few are still left, but their number is lessening every day.

Another question of great importance is, how to manage an epidemic?

First, all should leave who can. Go quick! do not fall over one another, but be calm; go as gentlemen, and not as sheep. Take as little with you as possible, for you may carry the disease with you. If you cannot go far, go to the nearest place that is high and dry and with plenty of water, and where your supplies can be sent you in an open space, and only brought by those who

have been known to have had the disease. Do not go back in the daytime or especially at night, for it is not safe either night or day. Let no one come and stay with you from the infected districts. Be quiet; it will not come to you if it is not brought. Live in tents, not in houses, and if brought you will not take it, even sleeping in the same bed; but this I would not recommend any one to try, if it be possible to avoid it. If these instructions are fully carried out, you may stay within one mile of an infected place without danger.

Those who cannot or will not go away should live soberly and temperately. Never commit any excesses in eating, drinking, or doing anything that will exhaust mind or body. If you have been a hard drinker, let up; never get drunk, by no means, or at any time. It would be well to close all saloons. Form a Howard Association, and give full power to them to manage everything. The Howards should first prevent all persons from coming into the infected place except citizens, whether nurses or doctors, or any other persons, for they cannot do much good, and often do great harm, by adding to the number to be treated and taken care of. All doctors, ministers and apothecaries of the place should remain; it is their duty and they should no more desert their post than a sentinel on duty.

Call for doctors, nurses, ministers and apothecaries that have had the disease, until you get as many as are required. Hold no public assemblies of any kind, for we have instances of great outbreaks and rapid spreading of the disorder from these causes.

Do not burn bedding or clothes in open places, for it is believed that this is a frequent cause of its rapid spreading, and besides, hot water is better than fire. Dr. Rush tells us that the fires built in the streets were generally believed to have made the disease worse, and the burning of bedding in the streets of Memphis, in 1878, was undoubtedly injurious, and most certainly did no good, but caused many to suffer for bedding and clothing when cold weather came. So we do not recommend clothing or bedding to be burned; at least, *never in the open air*. Lime freely sprinkled in the streets after a rain, in alleys and low places, has done much good in Galveston, Texas, but this ought to be repeated after each rain. Chloride of zinc solution should be freely used on floors, in chambers, and on streets. All vomitings and stools should be saturated with it, and removed from the room and buried or destroyed by hot water. Only one patient ought to be al-

lowed in one room, large or small, and the bed put in the centre of the room, free from all draughts, but with plenty of fresh air. No one ought to be removed after he has once taken off his clothes, if he is at all comfortable. I am much opposed to hospitals for yellow fever patients, as I believe the cases are always worse where one has died; many patients make so much noise that they ought to be where one could not see or hear another. On the score of economy, hospitals are a great saving of expense, for a patient can be treated for one-quarter of what it will cost to treat him alone. Nurses and doctors ought not to talk about other cases in the presence of one sick with yellow fever. There should be no tolling of bells. Only doctors and nurses should be admitted to the room, unless friends are specially called for. Two nurses, one for night and one for day, ought to be provided. One of them should always be in the room, let the patient's situation be what it may, for they may get up or do something that will cause a fatal result in only a few minutes.

Medicine ought to be prepared in proper packages, according to well recognized prescriptions, so it could be given promptly.

CLINICAL STUDIES OF INEBRIETY— EARLY SYMPTOMS.

BY T. D. CROTHERS, M.D.,

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The curability of inebriety depends (as in other diseases) on its early recognition and treatment.

The common inquiry, how many can be cured, can never be satisfactorily answered until this disorder can be treated in the early stages.

Many physicians who have never studied these cases doubt an early pathological stage, and never recognize a disease element until inebriety has gone on for years, and then give great attention to the dividing lines between vice and disease, and seek in this way to measure out the treatment by the condition of responsibility which may be present. The absurdity of such views are apparent in the history of every case. A very able physician sent his son to our asylum for this disorder, with a long statement of the case, caused, as he supposed, by vicious company, and only pathological so far as alcohol had diseased the organism. He had made a study of the case, and was convinced it was the result of surroundings which, after a few weeks' residence in the asylum, would call for moral treatment almost exclusively.

From his mother and other sources the follow-

ing history was elicited: His grandfather on his mother's side was drunken. His grandmother and two aunts on his father's side were monomaniacs, and finally became demented. From two years old and upward he had exhibited a most impulsive, irregular appetite. On many occasions he had both eaten and drank to surfeit and great illness. He always ate exclusively of such foods as he liked, for days living on potatoes or bread alone, then changing to soups or liquids. He was very changeable, and never angry unless his desire for foods or drinks was opposed. He drank cider to intoxication several times, when in the country. As a student he was fitful and impulsive, at one time excelling in some particular study, then showing great indifference or stupidity. His greatest pleasure seemed to be in the table, and the odors of certain drugs and perfumes. At fourteen he became very licentious, and was sent away to a private school. At eighteen he drank beer every day, and associated with low characters. At twenty he was sent to the asylum, a chronic inebriate. He was much debilitated in both body and mind, and filled with low thoughts and impulses. His father dated all his troubles to the drinking of beer in bad company. No one had traced any hints, in his early history, of the approach of inebriety. He was born with a marked predisposition to this disorder, and sooner or later, under ordinary circumstances, it would have developed. All the early symptoms were marked, and had a pathological significance, as much so as the trembling and incoordination from alcohol.

There are probably no cases of inebriety inherited, or with a predisposition to this disorder, which do not give more or less prominent early symptoms, that may be noted. These symptoms vary, as in all other nervous and psychical disorders, and because they are rarely ever noted in the early stages, are doubted.

The two following cases have been studied carefully, and will be found to represent some of the many early symptoms of nearly every case of inebriety. When these early symptoms shall be practically recognized and acted upon we shall be able to prevent and successfully treat many of these most deplorable cases, which are at present not only incurable, but a pest and disgrace to every effort made in their behalf.

Case 1.—Inebriety Preceded by Conditions of Nerve Exhaustion and Morbid Impulses to Eat and Drink, and General Dietetic Irregularities.

B. Father a physician and confirmed opium eater; mother a nervous invalid; all his brothers

and sisters died during childhood. When he was three years old he exhibited violent anger, and was prostrated with fever from the effects of the excitement. A strange, impulsive temper was manifest, which grew rapidly from this time, and was always provoked when refused any article of food or drink which he craved. He seemed different from other children, in having only one source of gratification, this was food and drink. On all other matters he was quite indifferent, but when opposed in the gratification of his appetites his anger was furious and maniacal. So severe were these paroxysms, that his friends studied to avoid them by indulging every desire. He always suffered from fever and great prostration for a day or more after a paroxysm of anger.

At ten years of age he was thin, tall, and very nervous, fond of all kind of sports, rarely angry, usually generous and of mild disposition in all things except at the table and when hungry, when he would exhibit the greatest selfishness and irritability. At this time he showed a great liking for burned food and bitter drinks; wormwood and horse radish, ginger, pepper, with other condiments, were great favorites. He would complain of great weakness and want to remain in bed, have some fever and drink large quantities of water, be reticent, and after a few hours recover his usual vigor. At such times prominent symptoms of acute diseases would come on and disappear in a few hours. In school his mind was active, but his memory was defective, and he seemed to lack power of coördination, and could not apply his mind when he wished, to any study or work.

At fifteen years of age he went to a boarding school, and was first noticed to drink beer. He exhibited great fondness for it and extreme cunning in procuring and secreting it from his playmates. His general health was better, and he was less often angry and prostrated after; but at times complained of headache and inability to sleep. Then he would be heavy and stupid for several days, dropping into sleep whenever alone and when the surroundings were quiet.

A year later he was converted, and became deeply religious, and began a course of study for a clergyman. Here the same uncertainty was manifest in the changing character of his studies, pursuing one branch for a time, then changing to another, without sufficient reason or cause.

The death of his father at this time prostrated him for many weeks with a low nervous fever, for which he was given wine, with good results.

He recovered with a conviction that he needed richer food, also that he never could expect long life unless he gave great attention to this matter.

At eighteen he gave up study and became a bookkeeper; he was heavy, stupid and dull in his manner and work, was also notional and irregular, some days working very hard, and then relaxing. He lived on the richest food that his means would allow, and drank beer, ice water, tea and coffee, in large quantities. He perspired very freely, and complained often of great exhaustion. He affirmed that he was unable to go on with his studies, owing to general weakness, which he hoped to overcome by rich, building-up food. During one of these paroxysms of nervous exhaustion he came under the care of a quack, who urged brandy as a medicine. The result was a rapid relief of all his old depression and stupor; he was a new man, filled with hope and ambition never felt before. After a time he drank to intoxication, and then he lost all ambition, and a change of habits, manners and disposition came over him, rapidly going from bad to worse, until at twenty-one he was brought to the asylum an inebriate. He was a constant drinker, suffering from hallucinations, muscular tremblings and general congestion. He recovered partially, went out, relapsed, and died from embolism, probably.

In this case two prominent symptoms pointed conclusively to inebriety, viz., the extreme impulses for food and drink, with ungoverned control, and prostration, which seemed to follow every excess and nerve agitation. In these paroxysms of nerve prostration alone are hints of an inebriate diathesis which will find in alcohol a relief, and use it ever after, under all conditions and circumstances. The early dietetic morbid impulses also indicated a want of balance and control of this function, which alcohol would sooner or later be found to relieve, as opium does pain, and while relieving it produces a pathological condition which ever after demands it.

Case 2.—Inebriety Manifest in Early Life by a Taste for Tea, Coffee, and Strange Kinds of Food and Drink, Associated with Emotional Irregular Brain and Nerve Power.

H. Father a speculator, and nervous, excitable man. Mother a nervous invalid for years, and died in his infancy. He was brought up by a rich aunt, who gratified his every whim. When five years old the family physician noted that he was very impulsive in his appetites, eating to surfeit, and suffering from severe attacks of indigestion, very often. He would secrete

bottles of wine, and drink to stupor whenever he could. Unless he was guarded closely he would use only one kind of food and drink, until he grew sick of it. Nearly every month the physician would be called to prescribe for indigestion and general nervous fever, the result of over-eating. Tea and coffee he drank at all times, and with great apparent satisfaction. He was always wanting to taste foods and fluids, and seemed to have a keen sense of the differences from taste. When visiting a drug store, he would delight the clerks by his great willingness to taste all kinds of fluids and solids. He grew up rapidly, and was very emotional and sensitive, rarely taking offence, but sympathizing with every one who was in trouble. He was very fond of excitement, and was depressed when alone, and frequently in tears when the day was stormy and he could not go out. He wanted to be in the centre of excitement and noise, and when sent to school cared more for play than books. As he grew older the attacks of indigestion became less frequent, but his appetite was more capricious, craving coarse foods and bitter, pungent condiments, and also was exceedingly changeable. As a student, he was likewise uncertain, full of changing emotions, and either very active or stupid, in both perception and memory. In his habits he was irregular, setting up all night to finish a novel, and depriving himself of many comforts, or making great exertions to procure certain articles of food or drink, or living in the most mechanical way, going to bed at a certain time, and getting up at a designated moment, performing every duty with precision, etc. At times he was buoyant and overflowing with joyous conceptions, then depressed and gloomy. All these irregularities grew more and more prominent as he developed into manhood. He was called eccentric by his intimate friends. At college he was noted for his poetic talents and love for rich dinners. He would live for weeks on the coarsest diet, then indulge in a round of the richest dinners, with wine and beer, not unfrequently becoming intoxicated. When twenty-one, he went to travel in Europe, and after two years returned an enthusiastic art student, and a drinker of wine. Two years later he drank to intoxication every day, and was brought to the asylum a paroxysmal inebriate. He would drink two or more glasses of brandy for weeks, then drink hard and to constant stupor for many days. He was feeble in both body and mind, and had but one desire, and that was to drink and get relief from what he claimed was a burning in his stomach. He recovered slowly at

the asylum, and is now back on a farm, temperate, but unfit to guide or take care of himself.

These cases were clearly of defective brain and nerve organization, from inheritance. The disorders of taste and will power were symptoms of this disorder, or distinct physiological hints of the growth of a diseased condition, which, with more or less certainty, would terminate in inebriety.

Alcohol at any time would explode this condition, giving form and shape to the diseased tendencies, increasing the degeneration, and developing a physical and psychical neurosis, which follows a regular line of march, to death.

These cases are typical, and include the symptoms of a large number that are going down regularly every year, unobserved. The profession generally do not recognize any symptoms before a condition of continuous intoxication, and this is called vice or accidental disorder, which may become disease.

Such views, so utterly at variance with the clinical facts, which may be verified in the observation of nearly every physician, are a source of infinite mischief, by precipitating thousands who would and should be recognized as having disease, and be restored, or, at least, be placed in conditions from which the possibility of recovery would be great.

In a recapitulation of some of the more prominent symptoms which mark this early stage of inebriety, the following may be mentioned:—

Impulsive and unregulated tastes for foods and drinks, morbid selfishness and changeableness of plans and purposes, great irritability and sensitiveness, emotional disturbances, conditions of depression and exhaustion, insomnia, and always neurasthenia; this, with a nervous temperament and weak will power, are present in nearly every case long before they become inebriates. These symptoms are not always followed by inebriety, but they precede it, bringing the victim down to the border line, where, with the slightest exciting cause, he will become an inebriate at once. Persons with these conditions are continually haunted by the shadow which always forecasts the storm that may break at any moment.

—Dr. Chaillé, who is now on the Commission sent to Havana by the National Board of Health, has brought forward a number of facts to prove the great need of a competent medical officer in connection with the consular office at that port, authorized to telegraph promptly the departure of infected vessels, and to discharge other important duties.

A CASE OF ATROPHY OF THE OPTIC NERVES—RECOVERY.

BY J. A. LIPPINCOTT, M.D.,
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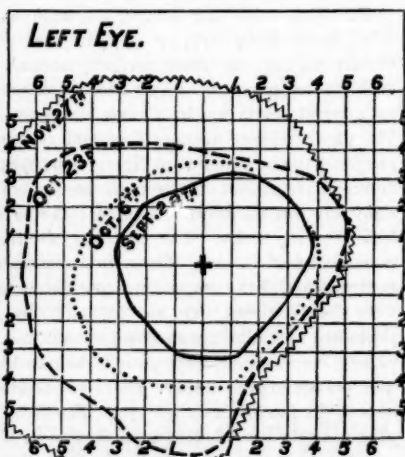
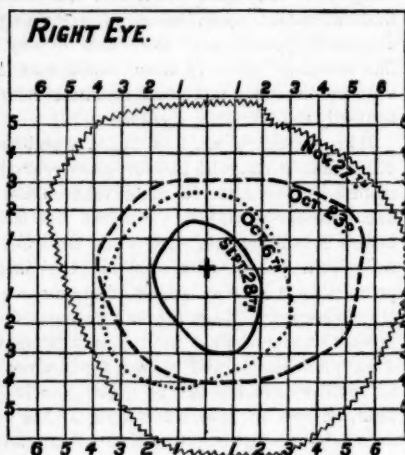
In ophthalmology, as in other departments of medicine, while diagnosis has in recent years made immense strides, therapeutics has not advanced correspondingly. Although a tyro in ophthalmology can distinguish well marked atrophy of the optic discs, and unfortunately finds abundant opportunities of exercising his diagnostic powers, very few cases of anything like complete recovery from this disease have been published; a fact which is in itself sufficient to justify the following report:—

John Steinbach, aged 54 years, a policeman, of German birth, who had for many years been addicted to the moderate use of tobacco and the excessive use of whisky, was seized nine months before consulting me, with what, from his description and the statement of his physician, appears to have been an attack of *mania a potu*. On his recovery, vision for both near and distant objects was somewhat blurred, and there were slight photophobia and epiphora. Finding that he could see much better at night than in daylight, he was in time transferred to the night force; but his sight continued to fail unintermittingly, and he was finally discharged.

When he made his first appearance at my office, Sept. 28th, 1877, his appetite was good, bowels regular, the urine perfectly normal, and with the exception of slight nervous insomnia, his general health was in all respects excellent. The pupils were of average size, and responded promptly to the stimulus of light. On ophthalmoscopic examination the optic papilla on the right side was markedly atrophied. It was of a bluish, pearly color. The capillary circulation seemed almost absent. The retinal vessels were very small, and the white lines on the arteries were clearly visible. On the left side the disc presented a similar appearance, except that the vessels were smaller, mere threads, but the bluish cast was not so pronounced. There was no cloudiness of the fundus in either eye. The sight had progressively diminished, so that now R. E. V. = $\frac{14}{1000}$ (= $\frac{1}{70}$ of normal), L. E. V. = $\frac{34}{1000}$ (= $\frac{1}{29}$). The visual fields of both eyes were very much contracted, that of the right being the more limited, corresponding with the greater impairment of vision in that eye. The perception of colors was very imperfect.

The patient, besides being advised to drink no more whisky, was at once placed upon strychnine sulphat., gr. $\frac{1}{2}$, t.d.; and in order to leave nothing

undone from which the slightest benefit might be hoped, a three-cell galvanic current was applied twice a week, for five minutes at a time, on each side, the anode being placed on the back of the neck, and the cathode over the eyeball and temporal region. This treatment was continued for two months, during which the acuity of vision was tested from time to time, and repeated examinations made of the extent of the visual fields.



These last were made with the utmost care, the patient's eye being always exactly twelve inches from the blackboard, and every precaution being taken to ensure absolute accuracy. In the accompanying diagrams each small square represents a square on the blackboard, whose sides measured three inches. Thus the visual field of the right eye, taken September 28th, 1877,

measured about 12x15 inches, while that of the left measured about 18x20 inches.

As will be seen by the diagrams, the fields subsequently taken progressively enlarge, so that by November 27th the field of vision in each eye was almost of normal size. The visual acuity also gradually increased, although not exactly *pari passu*, as shown by the subjoined notes.

Oct. 6th, 1877. R. E. V. = $\frac{3}{16}$. L. E. V. = $\frac{5}{100}$

Oct. 8th. R. E. V. = $\frac{25}{100}$. L. E. V. = $\frac{8}{100}$

Oct. 23d. R. E. V. = $\frac{3}{16}$. L. E. V. = $\frac{8}{100}$

Reads small words in No. 14 Jaeger with his glasses, which measure + 2.5 dioptries. Visual fields to-day decidedly enlarged, although vision of left eye is but little, and that of right eye none, better than it was October 6th.

Nov. 10th. R. E. V. = $\frac{4}{16}$. L. E. V. = $\frac{6}{100}$

November 13th. Patient complains of cramps in the legs. To take but one dose daily of the strychnia.

Nov. 15th. R. E. V. = $\frac{7}{16}$. L. E. V. = $\frac{7}{100}$

Can now distinguish the numbers on the houses, previously invisible. He can also tell the time on his watch, and can recognize people at a distance of three or four steps, whereas two months ago he "would pass his own daughter close without knowing her." He also states that he can now gaze at the sun for three or four minutes without the sight being affected, while previously he was unable to look at it for a moment without experiencing total (temporary) blindness. Before beginning treatment he could not see one lighted street lamp from another. Now he can see all the lamps "for a mile." To take the medicine thrice daily.

Nov. 20th. R. E. V. = $\frac{8}{16}$. L. E. V. = do.
To increase the medicine to four doses daily.

Nov. 27th. R. E. V. = $\frac{9}{16}$. L. E. V. = do.

The test letters are now recognized at the same distance by both eyes, but perception is rather more rapid in the right. Colors are distinguished moderately well. At this, as at previous periods, the ophthalmoscope revealed no decided change in the appearance of the optic papillæ. Patient was directed to take the strychnia at the rate of gr. $\frac{1}{10}$ daily for three weeks at a time, with intervals of one week, and to report at the end of two months.

Aug. 23d, 1878. The patient finding himself improving, did not return, as directed, but continued the medicine in the way above indicated for four or five months, when he discontinued it altogether, thinking himself well. At present his vision is $\frac{20}{100}$ in each eye, and he can read No.

2 of Jaeger with his glasses. The visual fields are of normal extent.

With the ophthalmoscope the retinal vessels are found to be somewhat larger than on his first appearance, though they are still far below the average size. The bluish tint of the discs is not so marked, and the capillary circulation seems reëstablished in places where at first no vessels could be seen.

June 29th. To-day, at my request, I received a visit from the patient, who presented the following condition:—

R. E. V. = $\frac{20}{12}$; L. E. do. With his glasses he reads No. 1 of Jaeger slowly, and No. 2 without difficulty. Fields of vision normal. Color perception good. He states that he can see quite as well as he ever could. He has been for some months steadily employed, doing various kinds of work. He has taken during the past year—on his own prescription—three or four glasses of beer daily, and generally one of whisky in the morning, and he states that he feels perfectly well in every respect.

It is an interesting fact that the affection either began or became noticeable during an attack of mania a potu. It is altogether unlikely, however, that it would have been long delayed even if alcoholic delirium had not occurred at all. In this connection it may be remarked that the history of the case and the ophthalmoscopic examination indicated that the atrophy was probably pure or primary, and not consecutive to inflammatory swelling of the discs.

The irregular, jerky progress of the improvement in visual acuity will have been observed. Thus, in the first week both eyes, especially the right, improved markedly, whereas, in the following seventeen days the left improved somewhat, but the right not at all. In the next eighteen days the right made perceptible progress, but the left none. In the succeeding five days, during which toxic symptoms made their appearance, the improvement was decided, especially in the right, which was now almost equal to its fellow. In the following twelve days the right overtakes and slightly passes the left.

While the visual acuity improved *per saltum*, the visual fields steadily increased in area from the first. The only departure from this rule is in the field of the right eye for October 28d, which, as will be seen by glancing at the diagram, had contracted somewhat in its left lower portion, as compared with the field taken October 6th.

As to the remedy, strychnia undoubtedly offers more chances of success than any other

agent, even in syphilitic cases, when active proliferative changes have long ceased. The beneficial effects of iodide of potassium, judging from my experience, will be conspicuous by their absence. It has been the custom with oculists to administer the strychnia by hypodermic injection in the temporal region. Though this is in all probability the best method, I considered it impracticable in the present instance, as the patient lived at a considerable distance, which latter fact also prevented me from prescribing the drug in increasing doses.

By reference to the notes made Nov. 18th and 15th it will be noticed that improvement was most rapid immediately after symptoms of strychnism manifested themselves. This has been observed before, notably in a case reported by Dr. G. C. Harlan, in the *Philadelphia Medical Times* for December 26, 1874.

It is improbable that galvanism is entitled to much, if any, of the credit, as the case progressed quite as favorably after its discontinuance as before, although I have seen cases in which it seemed to be of benefit.

In conclusion, it may be remarked that no importance was attributed to the influence of tobacco in bringing about the condition of the patient when he applied for relief; and he was, therefore, not advised to surrender what was to him a great solace. In point of fact, considering the complexity of the etiology of optic nerve atrophy, I am inclined to doubt, with Carter,* whether tobacco amaurosis is to be regarded as a condition proved beyond question. At any rate, the conclusion of Charles Martin,† who has attempted to draw a fine line of distinction between the symptoms of alcoholic and "nicotic" amblyopia, will scarcely be received without hesitation.

* *Diseases of the Eye*, Amer. ed., p. 376.

† *Revue des Sciences Médicales*, Oct. 1878, p. 663.

HOSPITAL REPORTS.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. E. E. MONTGOMERY.

Reported for the MEDICAL AND SURGICAL REPORTER, by JOSEPH MARTIN, M.D., Internus.

Ovarian Tumor—Cvariectomy.

This woman comes before you with the following history:—

Mary W., aged 28 years, married, of irregular habits, entered this hospital April 28d, 1879.

She gives a family history of phthisis. She has never enjoyed good health. Began to menstruate at 12 years; was always regular, until four years ago. She has had three miscarriages; the first at five months.

Four years ago she noticed a swelling in the left inguinal region. This increased gradually, and during its growth her menses have occurred at irregular intervals. For the last two years she has had occasional retention of urine, necessitating the use of the catheter, and has always complained of morning sickness. She has suffered with pain in the back and lower portion of the abdomen, which has been frequently very severe; at one time it was so great as to cause her to attempt suicide, for which she was sent to the Insane department of this house. She is still very irritable, indulging in frequent quarrels with the other inmates of the ward, and at times requiring close watching to prevent self-destruction.

You will notice the prominent abdomen nearly symmetrically developed; the dark line from the umbilicus to the pubes; and that the breasts have darkened areolæ. These signs, with the history of morning sickness, would, I am sure, lead you to suspect this woman to be at the full term of pregnancy. Auscultating the abdomen, we find the fetal sounds and placental souffle absent. A digital examination shows no vaginal roof stretching across; the uterus is freely movable, and apparently not enlarged. To satisfy myself still further, I introduce my finger into the rectum, and find I can isolate the uterus from the tumor, showing it not to be a normal pregnancy. The same examination excludes a fibroid or fibro-cystic tumor of the uterus. May it not, however, be an extra-uterine pregnancy? If so, we would be able, by introducing the finger into the rectum, beneath the tumor, to obtain the sensation of a solid body within, by ballottement.

Percussion over the abdomen shows a non-resonant tumor, and as I place one hand upon the abdomen and strike upon the opposite side, I can distinguish a distinct wave, by which I know the cavity contains fluid. You well know ascites would give this sign; but in ascites, as the patient lies upon her back, the intestines, filled with fluid, rise to the highest position, giving resonance upon percussion. This resonant zone changes with the change of position. Here, however, the central portion is dull, with resonance at either side, as if the intestines were pushed back.

A hydatid of the liver would grow from above downward, giving a border of resonance below.

A renal cyst would not be found so central; that it is not fatty, is shown by the presence of fluctuation. Having excluded these other forms we are quite certain we have to deal with an ovarian cyst. Projecting as it does to the left of the linea alba, with the history, makes it reasonable to suppose that it originated in the left ovary. You can see the freedom with which I move the abdominal walls over the tumor; that it moves up and down during respiration, and that I can greatly increase this motion by a little pressure, which leads me to conclude there are few if any adhesions. The clearness with which fluctuation can be felt from one side to the other indicates a single cyst.

Having satisfied ourselves that we have to deal with a single cyst of the left ovary, comparatively free from adhesions, what are we to do?

That something should be done this woman's condition testifies; she has suffered from retention of urine at various times, until cystitis has arisen. The tumor is so great as largely to interfere with the functions of surrounding viscera, and our patient presents an expression of continual suffering.

The whole materia medica has been exhausted, without avail, in the treatment of these tumors. We can see how readily this would be true. We have here a sac lined with a secretory surface, but without power of absorption. The peritoneal cavity, on the contrary, has the power of keeping up the balance between secretion and absorption.

Paracentesis has been recommended and followed, with no permanent benefit; the sac again refills, and the patient is rapidly reduced by the great drain upon her vital forces. The operation is not free from danger, a large percentage of cases having died after first tapping. This is particularly true of multilocular cysts, where the contents are likely to be of an irritating character. The injection of iodine has been used, following paracentesis, but has become pretty well discontinued. I do not regard it justifiable, as we have a safer and surer method of dealing with these tumors, and where it fails to cure, it greatly increases the difficulty and danger in ultimate removal. The only justifiable plan of treatment in such a case is by ovariectomy, or the complete removal of the cyst. If the weather is favorable, I will at my next hour perform this operation before you.

May 21st. I come before you this morning for the purpose of performing an American operation; an operation that has immortalized the name of its originator, Ephraim McDowell; an operation that, when a published account was given, was universally decried by the civilized world, and by this city in particular. It was first performed in 1809, just seventy years ago, and the first account published ten years later. We now find it an established operation the world over, and this city has atoned for her former opposition by advancing a man who has done more than any other to give this operation an established place in surgery, and has performed it more frequently than any other American surgeon. I need hardly inform you that I refer to the late Dr. Washington L. Atlee. This operation has now become so popular that one operator alone has performed it over nine hundred times.

As to the proper time, all agree that it is better the patient should experience some inconvenience and suffering from the size of the tumor. This differs in individuals; one undergoing but little inconvenience from a very large tumor, while others, from pressure upon surrounding viscera, deranging the functions of the kidneys, alimentary canal, or bladder, or from mental anxiety in an easily excited individual, indicate the necessity for early interference.

In this patient, though the tumor is not excessively large, the pressure upon the bladder producing retention and subsequent cystitis, with her mental condition, are sufficient, in the opinion of myself and colleagues, to necessitate this operation. The result depends largely

upon the preparatory treatment. One great danger we have to fear is that of blood poisoning or septicæmia. This tendency we have endeavored to overcome by having the secretory functions in an active condition. The healthy action of the skin has been promoted by a nightly warm bath, the body thoroughly dried, rubbed with vaseline, and the patient covered up warm in bed. We have unloaded the alimentary canal by giving a dose of calomel, followed the next morning by castor oil, and finally, the day before the operation, by an injection, in the knee and elbow position, containing two drachms inspissated ox gall. In this way we have got rid of the scybala that have formed in the canal and been retained by the pressure of the tumor. It also empties the bowel of flatus, which would complicate the operation by the protrusion of the intestines, and is of so much annoyance after it. Her diet, while previously nourishing, has been for the last three days the milk porridge recommended by the late Dr. Peaslee. It consists of equal parts of milk and water, thickened with flour, boiled for an hour, and seasoned with salt. In this food we have but little waste and no foundation of flatus.

For the last three hours she has had no food excepting an injection of beef tea and whisky. We have endeavored to allay her nervous excitement by valerianate of ammonia, and to procure a sound sleep last night by a good dose of opium. I should have preferred a bright, clear day, but the postponement since last Saturday has had such an unpleasant mental effect, that I think it more judicious this morning to proceed with the operation. We have her dressed in flannel shirt and drawers, woolen stockings and ordinary night dress. The nurse has been directed to catheterize her just before she enters the room.

We will endeavor to carry out the antiseptic plan completely.

The object of the carbolic acid or thymol spray, as may be preferred, is to destroy any germinal material floating in the atmosphere, and thus prevent putrefactive change in the wound; even if we deny the germ theory of disease, there are none, I am sure, but will acknowledge that in this room, used as it has been during a number of years for clinical purposes, occupied as it is now by a large number of persons, the air must be largely impregnated with organic matter. This organic matter carbolic acid destroys, or so changes that its entrance into the wound is not attended with decomposition or fermentative changes. But do antiseptics produce this effect? Let results speak for themselves. Thomas, Emmet, Wells and Keith all agree that in this operation, without antiseptics, fever is the rule; with them, the exception. Atlee without saved 70 per cent.; Wells 78 per cent.; Keith 80 per cent. with them; Wells 90 per cent.; Keith 95 out of his last hundred, and in the last forty-one has not lost a single case.

With these results before us, if any one still doubts the efficacy of antiseptics, I can only say he would not believe though one were raised from the dead. The antiseptic plan implies the most scrupulous care and cleanliness. For this case I

had this room sprinkled yesterday with a solution of carbolic acid (1 to 10). The room to which she will be conveyed after the operation is in the pavilion, and has been carefully cleansed, and a new mattress and bed clothes provided.

For the operation I have had prepared three solutions of the acid; 1st, in the proportion of 1 to 40, for the hands, dressings, and some linen cloths; this to be kept warm. 2d, 1 to 30, for the atomizer; and 3d, 1 to 20, for the instruments and sponges. The instruments have been placed in this solution for half an hour. The sponges were well freed of sand, washed in boiling water and soap, then in hot carbolic acid, placed in the sun for a few days, and finally placed in the present solution for the last three days. As an additional precaution, I have asked each of my assistants to follow my example in the careful use of the nail brush in washing his hands, and to anoint them with a solution of carbolic acid in olive oil, 1 to 10. To produce the spray, we have a modification of Lister's atomizer, which will keep up a spray for two hours. The dressings are, a protective, or piece of oiled silk, varnished upon one side, making it impervious to carbolic acid, antiseptic gauze, thin rubber cloth, antiseptic lint, and a flannel bandage.

Having the patient properly etherized, Dr. Montgomery, assisted by Drs. Walker, Warder, Hatfield, Bell, Heller and Martin, in the presence of two hundred students and physicians, proceeded to the operation. She was brought down to the end of the table, the feet hanging over upon a chair, the limbs tied together, and wrapped in a blanket, the abdomen bared, and a piece of oiled silk 3 by 4 feet, previously prepared by having an elliptical hole made in the centre, and the edge covered with emplastrum plumbi, was drawn down over it, leaving exposed only the part through which the incision was to be made, and completely protecting the clothing.

Beginning an inch and a half below the umbilicus, an incision three inches long was made, down to the aponeurosis, which was hooked up and divided upon a grooved director; no hemorrhage occurring, the peritoneum was divided in the same manner, to the extent of two inches, disclosing the pearly-tinted tumor. Upon exploring with the sound, and finding no adhesions, he enlarged the incision to five inches; the tumor was tapped with a Fitch trocar, and a gallon and a half of dark-colored fluid removed. The fluid drawn off, the sac was pulled out (no adhesions present), the clamp applied temporarily and the tumor removed.

When the intestines protruded they were covered and held back with some linen cloths wrung from the 1 to 40 solution, which had been kept warm.

The other ovary was now examined, and found to contain two small cysts, but it was thought best not to prejudice the result by its removal. The pedicle was secured by a carbolized silk ligature. A needle armed with a double thread was passed through the pedicle, the thread cut and each half tied separately, at first in a half knot, the clamp loosened, when, no bleeding occurring, the knots were completed,

the thread from one side carried around the whole pedicle and tied, the ends cut short, and the pedicle returned. All blood and oozing was now sponged out and the wound brought together by silver sutures, half an inch apart, introduced so as to include fully an inch of the peritoneal surface.

The wound closed, the dressing consisted of, 1st, the protective, or varnished oiled silk, two inches wide, the length of the wound, dipped in a 1 to 40 solution of carbolic acid; 2d, a single layer of antiseptic gauze, wet with the same solution; 3d, four layers of gauze, dry, covering the whole abdomen; 4th, a layer of thin rubber cloth, rubber side down; 5th, four layers of gauze; and finally the bandage.

The ether was suspended during the insertion of the last suture, and mustard plaster applied over the epigastrium, to prevent nausea. The patient was now carefully lifted upon a stretcher that had been kept heated, and carried to her room. The bed had been kept warm by placing along its centre some foot pans filled with hot water. These were lifted out, and the patient took their place. The operation, from the commencement of incision to the introduction of the last suture, occupied just thirty-two minutes, and was followed by no shock.

May 31st. I have the pleasure of again bringing this case before you, and will read the outline of convalescence, as prepared for me by the resident in charge, Dr. Martin. No shock followed the operation, but pulse and temperature kept good. Some nausea; vomiting prevented by application of mustard and sipping of hot water. Was very noisy and difficult to control, as she always has been after taking ether. She became so violent later in the day that it was all one person could do to keep her in bed, and I was obliged to give morphine sulph., gr. ss., hypodermically. The delirium still continuing, Dr. Montgomery ordered chloral hydrat., grs. xx, when she became quiet. She was given milk and lime water in small quantities at frequent intervals, and f. 3 ij beef tea every four hours, by injection.

21st, 2 P.M. Temperature 98½°, pulse 84, respiration 28. 6 P.M. Temperature 100½°, pulse 100, respiration 22. Complained greatly of pain in the back, which was relieved by placing under it a pillow. Chloral was repeated at midnight, giving a very comfortable night.

22d, 10 A.M. Temperature 100°, pulse 120, respiration 24. Pain in the back much worse; would scream out at intervals of three or four minutes.

2 P.M. Temperature 101°, pulse 120, respiration 28. Tympanites marked; colicky pain over the abdomen. A soft rubber catheter was passed, per anum, allowing the flatus to pass and greatly increasing her comfort. Camphor, grs. v, chloroform, gtt. x, was given, in emulsion. The mental distress was so great toward evening as to oblige me to repeat the hypodermic.

6 P.M. Temperature 101½°, pulse 120, respiration 26. Skin and tongue dry; the latter with a brownish coat. Ordered—

R.	Morph. acetat.,	gr. j
	Tr. digitalis,	f. 3 j
	Spt. ether nit.,	
	Liq. ammon. acetat.,	
	Mist. potass. cit.,	āā f. 3 ij. M.

Sig.—f. 3 ss. every three hours.

Quinine sulph., grs. x, by injection. Complains of nausea after taking medicine or milk; relieved by the mustard. Chloral hydrat., grs. xxx, obtained a sound night's rest.

23d, 6 A.M. Temperature 101½°, pulse 120, respiration 24; feels much better; pain in back less severe; no tympanites. Fever mixture suspended, and tinct. digitalis, gtt. x, every three hours substituted. Whisky, f. 3 ss, added to each injection of beef tea. 6 P.M. Temperature 99½°, pulse 94, respiration 18. A small dose of chloral given, with good sleep.

24th, 6 A.M. Temperature 98½°, pulse 84, respiration 18. Feels well; tongue clean; skin moist; digitalis and whisky suspended. Menses appeared last night. Feels hungry. 6 P.M. Temperature 99½°, pulse 88, respiration 18.

25th, 6 A.M. Temperature 101°, pulse 120, respiration 28. Renewed digitalis; became quite violent in the afternoon; had to keep a constant watch to prevent her springing out of bed or disturbing the dressing. Gave chloral with elixir ammon. valer., producing sleep. 6 P.M. Temperature 100½°, pulse 92, respiration 20.

26th, 6 A.M. Temperature 98½°, pulse 86, respiration 18. Slept well and is in excellent spirits; talks rationally; digitalis suspended. 6 P.M. Temperature 99°, pulse 80, respiration 16.

27th, 6 A.M. Temperature 98½°, pulse 80, respiration 16. Had a quiet night without a hypnotic; condition good; allowed solid food. 6 P.M. Temperature 98°, pulse 88, respiration 18.

28th, -6 A.M. Temperature 99½°, pulse 84, respiration 16. More insane to-day than at any time since the operation; appetite, however, good; given chloral freely and morphia hypodermically. 6 P.M. Temperature 100½°, pulse 95.

29th, 6 A.M. Temperature 99½°, pulse 84. Bowels moved by a free injection. 6 P.M. Temperature 99½°, pulse 84.

30th, morning. Temperature 98½°, pulse 84. Still noisy and violent. Evening. Temperature 100°, pulse 100. Gave quinine sulph., grs. x, by rectum.

31st. This morning temperature 99°, pulse 96. Feels quite comfortable.

This is the history of our patient's convalescence. It shows absence of shock, a moderate temperature record, and that the third, sixth and ninth days, which are usually regarded as critical, were passed over without an untoward symptom. It is with more than usual pleasure I bring her before you. This is the first successful ovariectomy ever performed in this hospital. Moreover, it is the first successful case performed in any public clinic in this city. I do not mention this with the desire you should impute the result to any superior skill displayed upon my part; for, in the cases to which I refer, the operation was performed by men of far greater skill and larger experience than myself. I do, however, believe, and wish to impress it forcibly upon your minds, that the result in this case was largely, if not altogether, due to the antiseptic precautions. I have been severely criticised for presuming to perform this operation before you,

and had I taken no greater precautions than in other cases operated upon in the clinics of this city I would feel that such criticism was well merited. The result in this case demonstrates, 1st, the possibility of performing this operation successfully in the presence of a large class, and within the precincts of a large hospital when proper precautions are observed. 2d. The value of the antiseptic plan, and when compared with previous cases, that its omission under such circumstances is unpardonable. In fact, my limited experience would cause me not to feel inclined

toward its omission in any case, public or private. An auxiliary so efficient in hospital practice must necessarily tend to decrease the mortality in private cases, even though they be less exposed to septic influences.

June 23d, 1879. Her convalescence since last note has been continued and rapid; not an unpleasant symptom occurring to retard recovery. She is now able to go about the building and grounds; she feels better than she has for years, her only complaint being of a slight irritation about the bladder.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Early Mercurial Treatment of Syphilis.

Dr. J. S. Hill, of Baltimore, writes to the *Maryland Medical Journal* (July)—

For several years past close observation upon the effect of small doses of protiod. hydrar., from the one-sixth to one-tenth of a grain, given two or three times a day, the diagnosis of syphilis having been established, has more and more inclined me to the conviction that if given when a true chancre is just beginning to show specific induration, it will almost surely put a stop to it. To see a chancre increase in hardness and size after its possessor has come slightly under the influence of mercury is one of the very rarest events.

If this treatment be perseveringly and intelligently followed up for months, or even a year or more, or so long as the natural history of syphilis would induce us to believe the secondary form of the disease should continue, then, as the time for the tertiary form approaches, discontinue the mercury and administer the iodide of potassium, in eight or ten grains three times daily, alternating the iodide of potassium with iodide of sodium, and continuing this course for seven or eight months, finally terminating the treatment by directing one-half ounce of cod-liver oil, and fifteen or twenty drops of syr. iodide of iron and manganese, given in combination after each meal, for three months; it will, when carried out with anything like an approach to regularity, not only throw disorder into the natural succession of the appearance of the eruptions and postpone their outbreak, but in a large majority of cases prevent them altogether, and in those cases where it fails to prevent them, invariably lighten their character and shorten their duration. One of the chief obstacles in the way of cure is the great difficulty we have in inducing a person who has no evidence of disease appreciable to himself, and who feels perfectly well, to persevere in so protracted a course, but this regularity having been secured, I have used this treatment each year more and more perseveringly, and have begun it as soon as the diagnosis could be considered certain. The result has been that, while formerly pursuing the expectant or repressive plan of

treatment whenever the chancre was well indurated, I always expected constitutional symptoms in spite of treatment, I now regard their appearance with any degree of severity as quite exceptional. Each year of additional experience has made me more confident that this plan of treatment, if carefully and fully employed, is capable of procuring the complete extinction of the malady. The facts which we possess seem to warrant the opinion that it really destroys the virus; that it prevents its breeding in the blood, if that process has not already taken place, and if it has, cuts short its life in the tissues.

Treatment of Chronic Eczema, or Psoriasis of the Palm of the Hand.

On this subject Dr. Robert Liveing writes, in the *British Medical Journal*—

With regard to the treatment of chronic eczema rimosum of the palm, it is confessedly difficult. This arises from several different causes. 1. The position and mobility of the part affected is unfavorable to treatment; the hand is never at rest; the consequence is that, as fast as the skin heals it is rebroken by flexion and extension. This, of course, applies especially to the class of domestic servants and others who have to live by the use of their hands; for although they may be cured for a time, the cracked condition is very apt to return as soon as they resume their usual occupation. 2. The hands are the parts of the body most frequently washed, or perhaps kept constantly wet by particular occupations; this makes the cuticle brittle, and is very unfavorable to the cure of eczema rimosum. Barmen, for example, are particularly liable to this affection, favored, perhaps, by their mode of life, but excited by having their hands constantly wet with beer. The only way of dealing with them, after the eruption has been cured by rest and appropriate treatment, is to make them wear India-rubber gloves, which can now be obtained of any degree of thickness. I have permanently cured many obstinate cases in this way. 3. The most important element of difficulty is, however, the nature of the cuticle of the palm, which is very thick, and does not exfoliate readily; the consequence is that the eczema takes an unusual and abortive form;

the products of the inflammation do not escape, and the outer cuticle becomes thickened, brittle, dry and cracked. Instead of a free exit of fluid and rapid exfoliation, we have an almost horny condition to deal with; the principle of all successful treatment is to get rid of this (I am speaking only of the chronic form), and to promote a rapid removal of the hard, thickened, and imperfectly formed epidermis.

Acute or subacute eczema of the hand is best treated by the constant application of water dressing, lead lotions, or linimentum calcis, according to circumstances; the gist of the treatment being never to allow the dressing to get dry. Pretty free purging is generally indicated.

The ordinary chronic forms are well treated in the way Dr. Spender has pointed out, by the application of the lead ointment to which he refers. The compound lead ointment of the old London *Pharmacopœia*, made rather soft by the addition of oil, is also a good remedy; so, also, is Hebra's unguentum lithargyri; but in all cases the hand must be rested, covered, washed little, and the ointment constantly applied. It is well to bear in mind that the constant use of lead ointment stains the nails; this is not, however, of much importance.

I now come to those cases that are most obstinate: I mean where the cuticle is extremely hard, brittle, thick, and cracked across the natural flexures of the skin. In these extreme cases ointments produce no effect, and other means must be adopted to get rid of the outer cuticle, which entirely prevents any chance of cure. This is best done by the constant application, night and day, of a lotion of liquor potassæ (from two to four drachms of liquor potassæ to eight ounces of water is usually strong enough). The hand must be enveloped in rags kept constantly wet with the lotion, and covered with thin gutta percha, or something of the kind. This treatment must be continued until the cuticle is thoroughly white and macerated, when it will peel and rub off readily. The process may require to be repeated until the epidermis is reduced to its natural thickness and is thoroughly soft; the skin may then be treated with ointments and glycerine in the usual way.

Lastly, chronic eczema rimosum of the hand is one of the few forms of eczema in adults that is often benefited by the internal use of arsenic.

Poisoning from Carbolic Acid.

The *British Medical Journal* quotes Dr. Küster's recent study of this subject. The symptoms are classified in three different stages, according to the severity of the case. In the first stage, often the only symptom of poisoning is the change in the aspect of the urine. In the second stage, the digestion is impaired, the pupils move with difficulty, and the temperature is high. This last symptom is regarded by the author as being almost identical with the fever described by Volkmann under the name of aseptic fever. He explains chronic carbolic acid intoxication by supposing that large quantities of the drug, being repeatedly at short intervals introduced into the system, continually deprive the tissues

of sulphuric acid by absorbing it, and thus impoverish them. The third and most severe stage of poisoning is characterized by the well known brain symptoms. Occasionally, muscular trembling and convulsions have also been observed in man, but only to a slight degree. The following conditions seem to predispose the system to carbolic acid intoxication: 1. Anæmia; 2. Septic and pyæmic fevers, and other weakening agents; 3. Infancy; 4. A peculiar individual idiosyncrasy; 5. The spot where the acid has been introduced into the organism. Husemann holds that it is most apt to produce poisoning when introduced into the circulation, less so, if given hypodermically, still less if given in the form of enemata, or rubbed into the skin, or applied to internal surfaces, and finally if inhaled. Sulphate of soda has often been recommended as an antidote to carbolic acid, but Dr. Küster has not found it to answer in severe cases. In order to avoid intoxication, he advises to wash out large cavities with an 8 per cent. solution of chloride of zinc, instead of carbolic acid. A 2 per cent. solution of the latter may, however, be used without danger for children and for operations in the abdominal cavity.

Salicylic Acid as an Anti-neuralgic.

Several cases of acute facial neuralgia and sciatica cured by salicylic acid, are reported by Dr. S. L. Abbot, in the *Boston Medical and Surgical Journal*, July, 1879. He adds:—

These cases seem to show that we have in salicylic acid and its compounds, as valuable a remedy in acute neuralgia as in acute rheumatism. Perhaps they indicate a closer affinity between these diseases than has been generally suspected. Two of the patients had had attacks of rheumatism. The cases, with the exception of the third case of sciatica, were all severe, and nothing could be more satisfactory than the very prompt and efficient relief which followed the exhibition of the remedy. In cases of a more chronic character my experience as yet does not justify me in expecting such complete relief by these remedies alone. A limited experience seems to show that such patients do not tolerate them so well, perhaps on account of the debility which is so marked a feature in these cases.

Rules for Operating on Epithelioma of the Cervix Uteri.

Dr. Marion Sims, in an article in the *American Journal of Obstetrics*, July, lays down the following rules:—

1. Do not amputate or slice off an epithelioma of the cervix uteri on a level with the vagina, whether by the écraseur or the electro-cautery.
2. Excise the whole of the diseased tissue, even up to the os internum, if necessary.
3. Arrest the bleeding, when necessary, with a tampon of styptic iron or alum cotton-wool.
4. Be careful not to apply the tampon with such force as to lacerate the excavated cervix uteri.
5. When the styptic tampon is removed, cauterize the granulating cavity from which the disease was excised with chloride of zinc, bromine,

sulphate of zinc, or some other manageable caustic capable of producing a slough.

6. After the removal of the caustic and the slough it produces, use carbolized warm-water vaginal douches daily till cicatrization is complete.

7. After the cure, put the patient on the use of arsenic, as a protection against the cancerous diathesis, and urge the importance of examination every two or three months, for the purpose of detecting the recurrence of disease.

8. Then, if fungous granulations or knobby protuberances not larger than a pea are found, lose no time in removing them; and treat the case afterward with caustic, just as in the first instance.

9. Almost every case may be benefited by operation, even when there is no hope of giving entire relief.

The Causation of Sleep.

The learned German alienist, Dr. Siemens, concludes that sleep is due to the activity of certain circumscribed parts of the brain, which form an inhibitory centre, and which are situated in the medulla oblongata, near to the convulsive centre. In support of this view, the connection between sleep and epilepsy is alleged. The inhibitory sleep centre stands in direct antagonism to the cerebral cortex; if the one is in a state of activity the other remains passive; the former can only exercise its function when the cortical substance is either inactive or nearly so. Sleep is much more easily induced in childhood, as the convolutions of the brain are at that time only partially developed. Sleep is also much more frequent and continuous when the cortical substance has degenerated, as in paralytic dementia; when its nutrition is faulty, as in anæmic conditions; also when it is to some extent paralyzed by the action of hypnotics or by excessive cold. On the other hand, no sleep can be obtained when the cortex is in a state of activity, due to strong psychic impressions, excesses, alcoholism, or any form of mental disease. When, owing to some morbid condition, sleep has been absent for a length of time, the products of fatigue must have been generated in the body in large quantities, but still the hyperactivity of the cortical substance prevails and prevents the occurrence of sleep.

Inhalation of Eucalyptus Oil

Dr. Mosler, of Greifswald, in the *Berliner Klin. Wochenschrift*, No. 21, strongly recommends oil of the leaves of eucalyptus, administered by inhalation, as a remedy for pharyngeal diphtheria. The strongest dose which he has given was according to the following formula: oil of eucalyptus leaves, 5 grams; rectified spirit, 75 grams; distilled water, 170 grams; to be shaken together and used for ten inhalations. In this dose the medicine was inhaled four times daily, for ten or fifteen minutes each time, by a patient suffering from bronchitis and chronic laryngitis; it produced no troublesome effect, but acted as a powerful expectorant. Another formula employed by him was: oil of eucalyptus

leaves, 2 grams; rectified spirit, 20 grams; distilled water, 180 grams; for ten inhalations. This was given with the best effect in a case of croupous pneumonia in the stage of defervescence, with residual infiltration of the right upper and middle lobes. It was inhaled four times, without any bad effect. A still weaker preparation (1:5 of eucalyptus oil, 16 of spirit of wine, and 200 of water) has been used by him in several cases of nasal and pharyngeal catarrh, and also in a case of pharyngitis accompanied by slight laryngitis, with good effect. Dr. Mosler is engaged in further researches on the action of inhalation of eucalyptus oil in affections of the respiratory organs.

The "Bilious Fever" of the South.

Dr. J. H. Miller, of South Carolina, writes to the *Louisville Medical News*—

From a close observation of the aggravated cases, I can attribute this disease to no other cause but the diet. On the plantations where I found the fever most frequent and of the worst type the laborers lived entirely, from the first of September to the first of November, upon home-made molasses. Now a few words upon the making of this food. The cane from which the juice is extracted is sometimes not permitted to ripen; the farmers, commencing on the crop so as to get through by frost, in many cases commence preparing it green. Then in the boiling process it is not prolonged sufficiently to cook the syrup thoroughly. I, therefore, consider the molasses made by the process enough to create this fever, or, at least, it will produce the excitant cause; and furthermore, the complications which generally arise from this diet tend to foreshadow a grave prognosis. Worms are bred in the system to an alarming extent, oftentimes in such amount as to cause total obstruction of the alimentary canal.

I will not burden this article with individual reports and different treatments, but only state that I wish every physician who practices in the country where these surroundings are to notice the cases and see if I am not right.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—In a reprint on Tuberculous Laryngitis, Dr. E. F. Ingalls, of Chicago, seems to think that such cases are not entirely hopeless as they occur in children. He gives a number of sound suggestions, which may all be summed up in the rubrics of the best of nourishment and hygienic precautions.

—A little book in 32mo, entitled, "Pocket Therapeutics and Dose Book," by Morse Stewart, Jr., M.D.; has been sent us by the publisher, Geo. D. Stewart, Detroit. It contains a poso-

logical table, incompatibles, formulæ, etc., and an Index of Diseases and Remedies, which latter we cannot believe would be of any value to any one legitimately holding a diploma. Price \$1.00.

—Messrs. McKesson & Robbins' "Formula Book of Gelatine-coated Pills and Granules, Fluid Extracts," etc. (fifth edition), will be found handy and valuable to those who prescribe the excellent preparations of this manufacturing firm. Supplied gratis by the firm, New York City.

—An appreciative notice of Dr. Isaac Hays, by Samuel D. Gross, M.D., LL.D., has been reprinted from the *American Journal*, making a neat pamphlet of fourteen pages. Another and shorter notice of the life of the same eminent physician, by Dr. D. G. Brinton, has been reprinted from the Proceedings of the American Philosophical Society.

—The Chicago List of the Illinois State Register for 1879-80 has been received. It is published annually, under the supervision of the Chicago Medico-historical Society, with the coöperation of the Illinois State Medical Society. The editor is Dr. D. W. Graham. None but regular graduates in good standing are admitted to the list, and it is prefaced with a notice that violations of the Code of Ethics will lead to the omission of the perpetrator's name from future lists.

—The "Transactions of the State Medical Society of Arkansas, at its Fourth Annual Session" (Little Rock, 1879), makes a pamphlet of about one hundred pages. Besides the usual proceedings, it contains some interesting facts about yellow fever in Arkansas, by Dr. Linthicum; a "Study of the Etiology of Pneumonia," by Dr. J. S. Shibley; "Reports of Surgical Operations," by Dr. J. A. Dibble; "Remarks on Preventive Medicine," by Dr. E. Bentley; "Report of a Case of Resection," by Dr. R. G. Jennings; one of "Strangulated Hernia, with a Radical Cure," by Dr. E. T. Dale; and several obituary notices.

—An "Address on the Education of Girls," by Dr. Nathan Allen, of Lowell, Mass., urges the importance of more attention to the physical culture of the young female. He states that there are "unmistakable signs of physical degeneracy" in the girls of the present day. He says:—

"The registration and census reports are bringing to light startling facts in respect to decline in the birth rate, to the diminution of marriages, to the permanence of the family institution and changes in the population, etc. Should the same causes continue and increase, as

they may, corresponding results will follow, and the next generation will witness in those matters still greater changes."

We have very little faith in the existence of any such degeneracy, and believe that its supposed evidence can be given a quite different interpretation; but at the same time, every one will agree that the physical culture of girls is a desirable and excellent thing.

BOOK NOTICES.

The Half-yearly Compendium of Medical Science.

Edited by D. G. Brinton, M.D., 115 S. Seventh St., Philadelphia. Part xxiv, July, 1879.

A letter before us, from a Boston physician of eminence, reads: "I have the HALF-YEARLY COMPENDIUM from the first number, and there is more *cream* in it than in any other medical publication I know of. It is valuable because it instructs in the *little things* which the physician has to encounter in his daily labors." Such, indeed, has been the object of the various collaborators employed in the selections and translations which the volumes contain. Its range is as wide as medical literature; the present number, for instance, draws from not less than 77 medical periodicals, all issued within the first six months of this present year. Over *two hundred* different authors are quoted, and the abstracts are aimed to convey the pith and marrow of what they have written.

To readers of the REPORTER it is of interest to state that, by means of a carefully organized plan of working up the field of periodical literature, the contents of the COMPENDIUM are always different from those of the REPORTER; nothing appears in the one which is found in the other; and thus they are particularly adapted to be taken together.

The present number contains the Index of the Second Series, embracing the last twelve semi-annual volumes, each department being indexed by itself, so that the numbers can be taken apart and the departments bound into separate volumes.

Manual of the Principles and Practice of Operative Surgery. By Stephen Smith, A.M., M.D. Boston, Houghton, Osgood & Co., 1879. Cloth, 8vo, pp. 689.

This long announced book makes an extremely compact and complete volume. The type is small but clear, the matter well disposed and presented, and the text illustrated by 783 wood engravings, usually of small size, many of them

original. So many of the treatises on operative surgery have grown into bulky, dear and unwieldy tomes, that a manual, as this really is, will be welcomed warmly.

Of the manner in which the various subjects are treated little but praise can be said. In the earlier chapters the duties of the surgeon are discussed, and directions given how to examine and prepare the patients, manage hemorrhage, give anæsthetics, dress wounds, and watch the process of repair. In anæsthesia both chloroform and ether are recommended. Shock is spoken of as syncope and collapse; in both alcoholic stimulants are commended; nothing is said of coffee, belladonna or vinegar, and no distinction is drawn between primary and secondary shock. Under dressings, the antiseptic, the open and the hot water treatment are described, but nothing said about alcoholic dressings, Hewson's dry earth dressings, or Gamgee's plain dry dressings. Under plastic apparatus, starch, gypsum and silica splints are described, but Ahl's porous felt is omitted. The treatment of tetanus is given very superficially, the author saying that "nothing seems to check its progress or control its career." In the management of caries, Syme's excellent suggestion of blistering is not noticed; indeed, that most instructive author is very rarely quoted. In the details of operations, Dr. Smith is full, clear and accurate; and this portion of his work will be found to be the most satisfactory. His selection of operations is based on clinical experience, and will, we believe, be acknowledged by most surgeons to be judicious. Considering that the scope of his plan has enforced many omissions, his book will certainly have, and deserves, a favorable reception.

The Advantages and Accidents of Artificial Anæsthesia; a Manual of Anæsthetic Agents, and their Employment in the Treatment of Disease. By Laurence Turnbull, M.D., F.R.C., etc. Second edition, revised and enlarged. With twenty-seven illustrations. Philadelphia, Lindsay & Blakiston, 1879.

Dr. Turnbull's Manual has met with a reception gratifying to him and merited by the care and labor he has bestowed upon it. The second edition comes out with a number of additions, which will make it more acceptable to readers. Of these we may mention various original experiments, especially with hydrobromic ether; additional rules for the employment of anæsthetics; a table of deaths from chloroform; description of a novel ether inhaler; a notice of

the metric system; further information concerning the physiological and therapeutic action of anæsthetics in disease, etc. The supposed criminal uses of chloroform are discussed in the light of the most careful investigation, and shown to be greatly exaggerated in the popular mind. The various anæsthetics which have recently been studied by Dr. B. W. Richardson are described, and the investigations of the Committee of the British Medical Association are stated.

The manufacture of the book, the paper and printing, are not quite up to the average standard of Philadelphia publications, but the reader will excuse this, in view of the merit of the contents.

A Manual of Midwifery for Midwives and Medical Students. By Fancourt Barnes, M.D., London, etc. Philadelphia, H. C. Lea, 1879. 8vo, pp. 201.

Dr. Fancourt Barnes is the son of Dr. Robert Barnes, and has inherited his father's interest in obstetrics. The present volume, he tells us in his preface, "was designed more especially as one of reference for midwives," and therefore it does not discuss any of the obstetric operations, such as the application of the forceps, the vectis, craniotomy, version, etc. It concerns itself with pregnancy, the stages and mechanism of labor, presentation and position, hemorrhage, puerperal insanity and convulsions, etc. A series of examination questions proposed by the Obstetrical Society of London are added.

We hardly think this work was worth republishing in this country. It contains nothing not to be found in any of a dozen standard treatises; and omits so much, that medical students and practitioners will certainly be disappointed in buying it.

A Clinical Treatise on Diseases of the Nervous System. By M. Rosenthal. With a preface by Prof. Charcot. Translated by L. Putzel, M.D. N. Y., Wm. Wood & Co., 1879.

This is a volume of Wood's Library of Standard Medical Authors. Dr. Rosenthal teaches in diseases of the nervous system in Vienna, and his treatise, published about ten years ago, has been highly esteemed in Europe. More can be said in favor of his pathology and diagnosis than of his treatment. Little is said of the late additions to the therapeutics of such diseases, but much in favor of the hydropathic plan and electricity. The preface, by Prof. Charcot, was written for a French translation; in it he speaks well of the work, in spite of its German (although Austrian) parentage.

THE

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NATURE OF THE YELLOW FEVER POISON.

It is a candid and proper confession to make to the public, that the profession, up to the present time, has been unable to agree upon the nature of the yellow fever poison. Looking over the numerous articles which have appeared on the subject within the last year, one cannot but regret to see how discrepant are the views entertained by men of large experience.

There is, first, the party who declare it malarial, among whom we may mention Dr. J. C. Le HARDY, of Savannah, and Dr. J. G. WESTMORELAND, of Atlanta, Ga. These claim that the fever is indigenous, that it belongs exclusively to malarial countries, and cannot be introduced where malaria does not exist.

Secondly, there are those who reject malaria, as well as contagion, and maintain that the yellow fever arises from the effluvia of crowd poison and putrefactive changes, and that it is closely akin to typhus, and has nothing to do with malarial fevers. Thus, Dr. J. B. C. GAZZO ("Yellow Fever Facts," 1878) asserts he has seen

it arise in ships from healthy ports, in persons who had been in no way exposed; yes, even in midwinter, in Montreal, Canada!

Thirdly, the majority incline to the belief that it is a specific and peculiar contagion, quite distinct from both typhus and malarial poison, though becoming more malignant in an atmosphere impregnated with either of these septic influences. This poison can be conveyed by fomites, and has certain peculiar, perceptible characteristics.

To this third view we strongly incline, as it seems the only one capable of explaining many facts connected with the epidemic.

It is stated that the disease first broke out in Memphis, this year, from the use of clothing which had been saturated with the poison of the epidemic of 1878. This would be denied by the malarialists. Thus, Dr. WESTMORELAND says ("Yellow Fever, its Origin," etc., page 13):—

"During the epidemic of last year a very malignant case, contracted in Memphis, arrived in Atlanta a few hours after the attack, bringing a package of clothing which was opened in presence of the nurses and physicians, all of whom, four in number, were in almost constant attendance in the room where the clothes were opened, and where the patient remained till his death. The result of this, as in similar instances, repeatedly before, proved the impossibility of communicating the disease by personal contact, or fomites from clothing."

Now, let it be remembered that such merely negative evidence is of very little weight; and then, if the statement in the last sentence is correct, how can the following true record be explained, which we quote from Dr. THOMAS F. ROCHESTER'S "Address on Epidemiology," at Atlanta, in May:—

"In September, 1856, an infected ship from Cuba was detained at the quarantine anchorage off Staten Island, New York. Several passengers had died, and some were ill on board. The garments and bedding were thrown overboard. Bay Ridge, a delightful suburban neighbor of Brooklyn, the seat of choice country residences, lies directly across the bay, distant about one mile from the anchorage mentioned. The wind and tide deposited a number of the garments that had been thrown away on the beach which terminated the lawn of Col. Charles Prince, an old and respected resident. In taking his usual morning walk he discovered the clothing and examined it with his cane, not otherwise handling it. He had no suspicion that it came from quarantine, and never saw it again.

In four days he was taken ill, and died in a week, from yellow fever. The man who nursed him, and who had previously had yellow fever, took away with him the suit of clothes the Colonel was wearing, contracted therefrom the disease, and died. The son and daughter, adults, the Colonel's only children, were also attacked; the son died, and this was the commencement of an epidemic which destroyed many lives in a limited area, but which was stopped by enforced isolation and by destruction of bedding and garments. The clothing which produced all this evil had been saturated with salt water, and had been tossed by the waves for more than twenty-four hours before it made its fatal landing."

A fact which has not been sufficiently studied is the perceptible character of the yellow fever poison. The odor which patients throw off in this disease is said to be as marked as in small-pox. Even the effluvia which is given off by infected fomites is distinctly noticeable, and has an immediate and powerful effect on the system. This remarkable fact was observed in this city in the last century, and we have found it vividly described by CHARLES BROCKDEN BROWN, who, a resident of Philadelphia at the time, describes the awful scenes during the yellow fever epidemic of 1793, in his powerful but little known novel, *Arthur Mervyn*, published in 1799. We quote from that work the graphic description that the hero gives of his entrance into an infected house in Fourth street. He had just come from the country, and had never before been exposed to the poison:—

"I mounted the stair. As I approached the door of which I was in search, a vapor, infectious and deadly, assailed my senses. It resembled nothing of which I had ever before been sensible. Many odors had been met with, even since my arrival in the city, less supportable than this. I seemed not so much to smell as to taste the element that now encompassed me. I felt as if I had inhaled a poisonous and subtle fluid, whose power instantly bereft my stomach of all vigor. Some fatal influence appeared to seize upon my vitals; and the work of corrosion and decomposition to be busily begun. * * * The pang with which I was at first seized, and the momentary inclination to vomit which it produced, presently subsided. My wholesome feelings, indeed, did not revisit me, but strength to proceed was restored to me."

How accurate and life-like this description is we never appreciated until we read a strikingly similar history in the *St. Louis Medical and Surgical Journal*, in some remarks on yellow fever, by Dr. REUBEN A. VANCE, of Ohio. Dr.

VANCE, last summer, had in charge the infected steamer "John Porter," which disseminated the seeds of the disease near Gallipolis, Ohio. On the bed of one of the cases was a fine white spread, which had become somewhat stained with blood. Dr. VANCE continues:—

"When the bedding was destroyed, this spread was laid aside, removed to an adjacent house, and a woman of the neighborhood employed to wash it, some excuse being made for its condition. This woman, utterly without knowledge of the antecedents of the article she was engaged to cleanse, took a tea-kettle full of hot water and started to pour its contents over the spread, which had been thrown into a tub, but had neither been soaked in hot water nor disinfected. When the fumes arose and enveloped her, she suddenly stopped and sat down. Shortly after she made the remark that she was sick at her stomach; that her breakfast had disagreed with her. Within a week afterward this woman took the fever and died, and her name figures in the death-roll of those who had been on the Porter."

With such striking instances before us, we cannot but regret that any prominent physician should continue to defend the untenable and dangerous theories that the disease is either essentially malarious, of a typhus character, or indigenous to any part of this country.

NOTES AND COMMENTS.

Therapeutical Notes.

MODIFIED DOVER'S POWDER.

Dr. Tully's popular modification of Dover's powder is, according to Mr. Wood, of New Haven, prepared as follows:—

R. Morphine sulphatis, 1 part
Pulveris camphoræ,
Crete precipitatæ,
Pulveris glycyrrhizæ, of each, 20 parts. M.

This is the original formula of Dr. Tully.

According to the same authority, the "Camphorated Dover's Powder" of Dr. Eli Ives is as follows:—

R. Potassæ bitartratis, 8 parts
Pulveris camphoræ, 2 parts
Pulveris ipecacuanhæ,
Pulveris opii, of each, 1 part. M.

CARDIAC DYSPNŒA.

Prof. Sée, of Paris, advocates the use of iodide of potassium in cases of continuous cardiac dyspnœa, either alone or combined with opium, digitalis or chloral, beginning with doses of 1½ gram, and rising gradually to 2 or 3 grams, to be continued for some time. Opium is added, in doses of from 10 to 15 centigrams, in order to

counteract the effects of iodine; and chloral is useful in cases where digitalis is not tolerated. The prescription would then be as follows:—

R. Gum julep,	120 grams
Iodide of potassium,	2 "
Hydrate of chloral,	4 "

SIG.—To be taken in quantity as required, every two hours during the day.

ENURESIS IN CHILDREN.

Some recent British writers state that after numerous failures with all orthodox modes of treatment, it was found that cutting off meat in the diet was sufficient, in many cases, to effect a rapid and permanent cure.

BENZOATE OF SODA IN DIPHTHERIA.

Prof. Klebs, of Berlin, recommends this treatment. He prescribes—

R. Sodii benzoatis,	5 grams
Aquæ destil.,	
Aquæ menth. pip.,	āā 40 "
Syrupi cort. aurant.,	10 " M.

Infants under one year are given a dessert-spoonful every hour. Children from one to three years old must take a larger dose, viz., a tablespoonful every hour, the proportion of the benzoate of soda being also increased from 5 to 7 or 8 grams. To patients from three to seven years old, 8 to 10 grams are given; those over seven, from 10 to 15 grams. Adults should take from 15 to 25 grams in the same solution, the proportion of the solvents and the syrup remaining the same. The diphtheritic membranes were powdered with benzoate of soda, in severe cases once in three hours, in lighter cases from two to three times daily.

MUSK IN INFANTILE COLLAPSE.

In conditions of great debility and collapse in infants, Dr. A. Jacobi, of New York, recommends *musk* as the most efficient remedy known to him. Five to ten grains should be given at once, and repeated every half hour or hour. Two or three doses will be enough. It must be remembered that musk is frequently spurious or adulterated.

INFANTILE INTERTRIGO.

In fresh cases of this complaint, Dr. A. Wertheimer, of Berlin, praises Hebra's ung. diachylon, while for more severe cases he always uses corrosive sublimate, which he finds always successful in the shortest time. He applies on cloths a solution of one grain to four ounces of water, applying fresh cloths three or four times a day, and letting them remain on for about an hour each time, or even keeping them continuously applied. He has never seen any evil effects from absorption of the sublimate.

Subcutaneous Injection of Ergot in Neuralgia.

Dr. Marino, of Palermo, quoted in the *London Medical Record*, publishes the results of his experiments with ergot. 1. In tic douloureux local injections of ergot give better results than any other remedies, quinine included. 2. The results are equally as good in hemicrania. 3. In some cases of sciatica very good results have been obtained, while in other cases no relief has been afforded to the patient. 4. Ergot should be administered in other cases of neuralgia, especially if the latter is caused by blood poisoning or cachexia. 5. The injection itself is often painful, but abscesses do not often supervene. The pain generally ceases in half an hour, especially if a cold compress has been immediately applied to the place. 6. The neuralgic symptoms, as a rule, disappear after one or two injections; but it is advisable to continue them for some time. 7. The dose for one injection varies from 15 centigrams to 2 decigrams of ergot, dissolved in water or glycerine.

The Inhalation of Oxygen in Anæmia.

Everybody knows how difficult it is sometimes to get some much enfeebled chlorotic patients to take reparatory aliments, so great is their disgust for all azotized aliment, vomiting often ensuing when they attempt to eat meat. Some women live upon a little bread and salad, and the quantity of urea they eliminate is then very small, sometimes as little as from four to six grams in the twenty-four hours. In such women treatment becomes very difficult, it being nearly impossible to reproduce appetite in them. In these cases Dr. Hayem, of the St. Antoine Hospital, Paris, employs a means which has furnished most excellent results, and which consists in the daily inhalation of oxygen. The appetite soon returns, the vomiting disappearing at the same time; and so well do the patients then support azotized aliments, that the four regular "portions" of the hospital diet scale become insufficient.

Shock as Curative in Epilepsy.

It is not unknown that a sudden and violent shock will sometimes check an epileptic fit. An instance was reported some years ago in this journal (volume xx, page 145), by Dr. J. C. Pearson, in which a confirmed case was cured by an extensive accidental burn. Possibly the counter irritation also had something to do with it. The actual cautery and the seton are very valuable, and occasionally sufficient aids to the restoration of some patients.

Herpes Labialis in Pneumonia.

A correspondent in Paris writes that at a recent clinical lecture Prof. Sée made some remarks on the significance of herpes labialis in cases of pneumonia. This eruption, he stated, generally appears from the third to the fifth day of the pulmonary affection. It cannot be considered a critical eruption, as the lung symptoms continue, and the fever, on the contrary, is increased, the latter subsiding with the cure of the pneumonia, which takes place on the seventh or eighth day. In the latter case the urine, which during the course of the disease contained large quantities of urea, now becomes "jumentouse" (resembling the urine of the mare); that is, it contains uric acid, indicating the decline of the disease. Even this latter phenomenon he does not consider a critical evacuation, as it is simply an effect of defervescence, or a favorable turn toward recovery. Prof. Sée does not believe in the humoristic doctrine, nor in the critical evacuation of the peccant humors of the body. According to him, the herpes labialis occurring in pneumonia has no other value than one of prognosis, as it is a favorable sign, from which a physician may with certainty prognosticate a favorable termination. But, as it happens that the fever increases after this, the friends of the patient, losing confidence, call in another doctor, generally a homœopath or other quack; and as the case generally gets well in two or three days afterward, the homœopath gets the credit of the cure.

Mammary Inflammation Treated by Ice.

A writer in the *British Medical Journal* says that the suggestion of treating threatened inflammation of the mammary gland by ice was "one of the most valuable hints he ever got." He thus describes its use in a case:—

"I used a large Chapman's spine-bag, filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out, as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone; I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning, I found her hugging the ice-bag and loud in its praise. She continued suckling her infant; but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examin-

ation failed to detect anything wrong in the breast, and she is now quite well and nursing her child. No other remedies were used."

CORRESPONDENCE.**The Effects of Internal Parasites.**

ED. MED. AND SURG. REPORTER:—

I would hardly presume that there are many reading men in our profession who could derive much benefit from the pleasant criticism upon Dr. Shiver's article, "A Troublesome Parasite." I will not presume that there is a single physician who read Dr. Shiver's article at the time of its publication, who had ever practiced in a malarial or fruit growing country, but what, from Dr. Shiver's own statement of the case, diagnosed it immediately as a case of quotidian intermittent, with torpid liver. And if the Doctor had been so fortunate as to have given his alternative doses of calomel at the beginning, to have been followed with quinine, we would not have heard of his troublesome parasite. If, as Dr. Henning says (REPORTER, July 26th), a "large number of such cases come under his treatment each year," he must be aware of the fact that worms in children seldom cause any trouble, except when there is a large accumulation, or the child becomes diseased otherwise. In fact, in some localities worms in children are very much like bots in horses. There are but few horses that have not bots. All farriers will tell you that a bot will not perforate or otherwise injure a horse unless the stomach becomes diseased from other causes, cutting off the supply of mucus from which the bot receives its sustenance, when it will begin to bore.

Dr. Rush says, "when we consider how universally worms are found in all young animals, and how frequently they exist in the human body without producing disease of any kind, it is natural to conclude that they serve some useful and necessary purpose in the animal economy."

Meigs and Pepper, speaking of the frequency of worms, say: "Their importance as a cause of disease has certainly been, and is still, by many physicians, and especially by the public, very greatly exaggerated."

It might be that all children that come under Dr. Henning's care are wormy; if such is the case, the Doctor would be justified in beginning all of his intermittent cases with some anthelmintic. But we, who only see worm cases occasionally, and the symptoms as described by Dr. Shiver's frequently, would prefer another line of treatment,

R. A. DODGE, M.D.

Collinsville, Texas.

[It is true that various recent authors maintain that the ill results to health consequent upon the presence of internal parasites have been greatly exaggerated. But there are indications at present of a reaction against this opinion; and we have noted a number of late papers setting forth strongly the probability that the old opinion was correct.—ED. REPORTER.]

Consanguineous Marriages.

ED. MED. AND SURG. REPORTER:—

I notice in the last issue of the *REPORTER* a short article on "Results of Consanguineous Marriages," taken from the *Boston Medical and Surgical Journal*. I think, from the statistics given there, that the conclusion arrived at is erroneous. Six per centum seems to me a very large proportion of insane people whose insanity can be traced to no cause other than consanguinity of parents, and thirteen per centum equally large for those cases traceable to all causes. It is altogether a different proportion to that of the race *in toto*, and ought to teach us a very plain lesson. Besides, in my experience with the fruits of consanguineous marriages, the large majority of the children, while they are not insane, and can frequently reason readily, lack that even balance of mental power which is wont to be termed common sense, and an uncommonly large proportion are, vulgarly speaking, half daff. I should never advise marriage between blood-kin, and think the danger from such union has not been exaggerated in the least.

M. H. C. WEAVER, M.D.

Ellsworth, Kansas.

Intestinal Worms and Intermittents.

ED. MED. AND SURG. REPORTER:—

In your issue of July 26, a communication from Dr. Henning, headed "Intestinal Worms as a Complication of Intermittents," suggests a report of a case under my charge in the County Hospital.

John Sammons, aged 8 years, reported as having chills every day about 3 P.M. I gave him ordinary treatment for several days, without any noticeable effect, the chills occurring as usual. I visited the patient, and although there were no very marked symptoms of worms, I gave him—

R. Santonin,	grs.ij
Sacch. alb.,	grs.xx
Calomel,	grs.ijj. M.

Sig.—Make powders 4 and give one every 4 hours, followed by a teaspoonful of castor oil.

The boy passed 39 large round worms within twenty-four hours after taking the first powder, and has never had another chill since, and that was the extent of the treatment.

A. A. ARMINGTON, M.D.

Greensburg, Ind., July 28, 1879.

NEWS AND MISCELLANY.

Report of the Autopsy of Mr. Charles A. Fechter, Tragedian.

At the request of Mrs. Charles Fechter a post-mortem was made upon the body of Charles A. Fechter, sixty-six hours after death, conducted by Prof. W. H. Pancoast, M.D., assisted by Dr. W. G. MacConnell and myself. The body had been well nourished. There was no *rigor mortis*. The abdomen was enormously distended with gas, and percussion showed that the diaphragm

had been forced up, carrying the lungs and heart above the fourth rib. Engorgement of superficial veins over the sub-clavicular region, and also of the superficial epigastric veins, was displayed. The face was moderately jaundiced.

On opening the abdomen in the median line, the superficial fascia was one and one-quarter inches thick, and the omentum was loaded with adipose tissue. No gas was met with in the peritoneal cavity, but the stomach and intestines were distended with it. The stomach was normal in size; its mucous membrane thickened, pale in color and covered with a catarrhal discharge. The pylorus was thickened and slightly indurated, its mucous membrane presenting a similar appearance to the lining membrane of the stomach. The peritoneal covering of the small intestines exhibited some marks of inflammation, although no plastic material was detected. The peritoneal cavity contained about half a gallon of blood-stained serum.

Passing to the liver, it was found to be greatly enlarged, its right lobe extending far below the twelfth rib, with its left projecting into the left hypochondriac region; the gall bladder being correspondingly enlarged and partially filled with bile; the whole weighing 9½ pounds, or more than 5 pounds above the average healthy male liver. It presented externally a thickened, opaque and adherent capsule, under which could be seen and felt distinctly characteristic hemispherical granular bodies. The broad ligaments were thickened, and prolongations of fibrous bands were attached to the diaphragm and stomach. The gland was indurated and the edges rounded. Opening the organ, cirrhosis was found to exist throughout the entire structure, with its concomitant fibrous degeneration of blood vessels.

The microscopical examination, made by Dr. MacConnell, revealed lardaceous or amyloid degeneration. The *alumen* of the vessels were contracted, and the bright, shiny appearance of amyloid infiltration was well shown. The *dépôts* of amyloid matter were surrounded by large bands of connective tissue, not unlike the stroma of a carcinoma. Dense masses of connective tissue were seen; the cells at some points had undergone fatty degeneration. Examining the kidneys, the right weighed eight and a half ounces, the left being half an ounce lighter (normal weight of male kidney 4½ to 6 ounces). Both were highly injected with blood, softened, long and flabby. The capsules were easily detached.

The spleen weighed 15 ounces (or more than 8 ounces above the average), occupied its normal position, and was exceedingly pulpy.

The heart, weighing 16 ounces, was found forced from its natural position, its apex lying opposite the superior border of the fourth rib. Thick deposits of adipose tissue covered the anterior external aspect of the pericardium. No fluid was found within the sac, nor was there any evidence of past inflammation of this membrane. The heart measured, from base to apex, 6 inches, and in circumference at the base, 11 inches. A blood clot was found in the left auricle, with slight thickening of the aortic semilunar valves. The other valves were normal. There was marked thickening, with fatty degeneration, of the ventricular walls. The inferior borders of

both lungs corresponded with a line drawn along the fourth intercostal space, and were congested and freely mottled with carbonaceous pigmentary deposits. There was nothing to indicate former pulmonary disease. The skull cap was removed and the brain exposed. Evidences of arachnitis, with effusion of serum into the arachnoid cavity, were at once apparent, and some lymph had been deposited on the upper surface of the membrane. The pia mater was injected with blood. The encephalon weighed 42 ounces, or about $7\frac{1}{2}$ ounces less than the average male brain. Its texture was remarkably firm and well developed; the convolutions being fine, with deep sulci, the average measurement of which was $1\frac{1}{2}$ inches. No signs of cerebral inflammation or softening could be found. The medulla oblongata and continuous part of spinal cord appeared sound and healthy.

When Prof. Pancoast and Dr. Shoemaker saw Mr. Fechter at his home, a few hours before his death, the most prominent symptoms were tympanitic distention of the abdomen, feeble action of the heart, hurried and difficult respiration, coupled with great prostration. His intellect was clear until within a few minutes of death. Stimulants were administered, and Dr. Pancoast attempted to unload the distended intestines by introducing the needle of a hypodermic syringe through the walls of the abdomen, but failed to give any appreciable relief, for the little instrument never penetrated the gut, so thick were the overlying structures. In reply to a telegram asking the nature of Mr. Fechter's disease, it was stated to be jaundice and paralysis, so that the probable use of an aspirator was not thought of.

In summing up the results of this interesting autopsy, and associating the morbid changes with symptoms known to have existed prior to death, the conclusion is that Mr. Fechter died from cirrhosis of the liver, and that the distended stomach and intestines was the immediate cause of dissolution, by interfering with respiration and the heart's action; if time and opportunity could have been given to aspirate the colon and relieve the distention, life might have been prolonged, at least for some hours.

CHARLES M. DRAKE, M.D.

American Dental Association.

This Association commenced its nineteenth session at Niagara Falls, August 6th. About one hundred members were present, and there were a number of able papers presented.

The Section on Education, through the Chairman, reported on that subject, and the following resolutions reported by that Section were adopted, after a lively discussion, occupying all the morning session:—

Resolved, That hereafter no dental college shall be entitled to representation in this Association that does not require a good English education as a preliminary qualification for its matriculants, to be ascertained by examination.

Resolved, That the colleges shall hereafter grant no diplomas, except to those who attend at least two full courses of lectures, excepting that practitioners of dentistry who present satisfactory evidence of having entered upon their practice prior to July 1st, 1875, and having con-

tinuously followed the same from that date, shall, until July 1st, 1885, be entitled to present themselves for examination for the dental degree, after attending one course of lectures in a duly recognized dental college.

Resolved, That no dental college shall be eligible to representation in this Association that does not, in its next annual announcement, give notice of its adoption of this limit to the conferring of degrees.

The Scapular Index in Man.

The scapular index is the expression of the relation of the breadth of the scapula to its length, and is found by multiplying the breadth of the bone by 100, and dividing by the length. After measuring several scapulae, as we learn from the *London Record*, M. Broca has found that the average scapular index of Europeans is 65.9. He also measures the infra-spinous index, which is the relation of the breadth of the bone to the length of the blade below the spine. This, in Europeans, he found to be 87.8. He then compared these two indices with those of other races of men, and found that in the Australians, the negroes, and other low races, they are much higher.

Improper Imputations.

It is all very well for Dr. Henry A. Martin, inventor of Martin's bandages, to insist that those manufactured under his own eyes are the best; but when, as in the last number of the *Chicago Medical Journal and Examiner*, he accuses Mr. Ernest Hart, editor of the *British Medical Journal*, of deliberate falsehood and "cheating" his readers and brother practitioners about them, Dr. Martin commits an unbecoming act, and leads to the suspicion that questions affecting his own pocket are clouding his judgment and his sense of propriety. Mr. Hart is a thoroughly honorable man, and Dr. Martin will not help his cause by indulging in such improper imputations.

Sex and Color Colleges.

The law of this State used to exclude from voting "women, negroes, infants and idiots." But these classes are getting their rights, not only in voting, but in education. The women have medical colleges here and elsewhere, and Holloway, of pill notoriety, has commenced one near London, to cost \$2,500,000, exclusively for that sex. While away down in Tennessee we note that the corner stone of a medical college building, which shall cost \$10,000, was laid at Nashville, on May 15th, which is to be conducted in the interests of our fellow citizens of African descent exclusively, and will be ready to receive students in the fall.

Canada Medical Association.

This Association meets this year in London, Ontario, on the first Wednesday in September. It is expected that various representatives from this side of the line will be present.

The Quinine Trade.

The London *Chemist and Druggist*, July 15th, gleefully makes the following announcement at the head of its columns:—

"The abolition of the Customs duty on quinine was passed by the United States Legislature on July 1, and as a result the manufacture of the chemical in America is practically at an end. In anticipation of the inevitable American demand which this must occasion in Europe, a speculative movement has occurred here which has occasioned a general advance in the market prices of all kinds."

Personal.

—Dr. A. H. Appel, U. S. A., a well-known Pennsylvanian, has been assigned to the staff of General Miles.

—Dr. Edward Warren (Bey), the eminent American physician, has just received the decoration of Chevalier of the Legion of Honor. He resides permanently in Paris.

—Dr. Campney, the military physician who was engaged in the sanitary arrangements during the construction of the Suez Canal, is about to be sent to Panama to ascertain what measures will be necessary for the preservation of the health of the laborers who are to be recruited in South America for Mr. Lesseps' scheme.

—Dr. James L. Roberts, a highly respected citizen of Millville, Mo., while sitting in a store, on Aug. 4th, was accosted by Dr. J. L. Keyes, and charged with talking about his (Keyes') family. Roberts denied the charge, whereupon Keyes called him a liar, and drawing a revolver, shot him twice through the body, killing him. Keyes then mounted his horse and escaped.

Items.

—*Notice.*—We have a communication from Brooklyn, N. Y., without the name of the author attached. He will please write us.

—In the British House of Lords, recently, the Bill for the total abolition of vivisection was rejected by a majority of 81, only 16 voting for it.

—The mortality of Dublin was just about twice that of London in July; 36.4 against 17.4 per 1000 inhabitants.

—The *Chemiker Zeitung* says that a firm in Salamanca makes an incombustible paper by treatment with sulphate of ammonia, sulphate of magnesia, and borax.

—The Memphis Hospital Medical College is going to make another effort to begin this year. Its expected beginning last year was frustrated by the epidemic.

OBITUARY NOTICES.

—The *American Medical Biweekly*, Aug. 2, contains a sketch of the life of the late Dr. Wm. A. L. Potts, of Ashwood, La.

—The *Chicago Medical Journal and Examiner*, for August, contains a full notice of Dr. Theodore W. Stull, born in Smithport, Pa., 1833, died in Illinois, May 8th, 1879.

QUERIES AND REPLIES.

Reader X.—We have used the protochloride of iron as prepared by Rabuteau, although in but a few cases. It seemed to act quite well.

Dr. J. K., of Ill.—We can obtain for you any medical book in the market, and are willing to; but as we do not keep a stock on hand, please remit, with your order, the retail price, and we will mail you the book, post-paid.

Dr. Alphonso, Conn.—The plant you send is the common brake, *Pteris aquilina*. It has long been known to have astringent properties, but we question if it merits the praise you have heard given to it, as a remedy in diarrhoea, dysentery, etc. Perhaps some of our readers will throw further light on its medicinal properties.

Dr. L. S., of Mich., asks: Of two druggists in my village, I know one keeps the cheapest and poorest drugs he can get; the other much better. Have I a right to warn my patients against the former?

Ans.—Morally you have; legally, we suppose such a warning would be construed in law as a "privileged communication;" but we are not posted in the law of slander in Michigan, and you had better take counsel before saying much.

MARRIAGES.

CHAPIN.—LE DUC.—On June 25th, by Rev. J. B. Donaldson, Dr. A. B. Chapin and Mary P. LeDuc, all of Hastings, Minn.

LAWRANCE.—STUART.—In Pittsburg, on the 21st ultimo, by the Rev. Charles C. Thompson, D.D., Dr. E. S. Lawrence, of Philadelphia, and Miss Jeanie L. Stuart, only child of the late A. J. Stuart, of Pittsburg.

McCORD.—HARRY.—On Wednesday, July 16th, at Sunny Side, Chester Co., Pa., by the Rev. Geo. G. Field, of Oosterville, Pa., Benjamin McCord, of Philadelphia, and Lydia, daughter of S. H. Harry, M.D.

WOODBIDGE.—MATHER.—In Williamstown, Mass., July 21, at First Congregational Church, by the Rev. Mark Hopkins, D.D., LL.D., assisted by the Rev. A. C. Sewell, L. Dana Woodbridge, M.D., and Abby Marvin, daughter of Benjamin F. Mather.

DEATHS.

EVERY.—On July 9, at Forestville, N. Y., Sherman S. Avery, of Petrolia, Penn., son of Dr. A. R. Avery, of Forestville, in the 29th year of his age.

BUCKINGHAM.—In this city, on the 25th ultimo, George B. Buckingham, youngest son of Dr. T. L. Buckingham, in the 20th year of his age.

CAMERON.—On Monday, July 7, Etta W., eldest daughter of Dr. J. G. and Mary Louise Cameron, in the 21st year of her age.

DE LA MATER.—At Dunesburg, N. Y., on the 9th ult., H. B. De La Mater, M.D., son of Stephen G. De La Mater, M.D., aged 28 years.

GOODALL.—In Bennington, Vt., July 10th, Finette, wife of F. W. Goodall, M.D., and daughter of Dr. J. F. Skinner, of Barton, Vt.

HEATH.—On Saturday, July 26th, 1878, in the 19th year of his age, Harry H. H., only son of Dr. A. Hawley and Mary M. Heath, of New York.

HYDE.—At Hastings-on-the-Hudson, Monday evening, July 28th, of cholera infantum, Edmund Cecil, youngest child of Dr. Frederick E. and Ida J. Hyde, aged 14 months.

LINDLEY.—In New York, on Wednesday, July 23d, Katharine C. Lindley, daughter of Dr. Willard Parker, and widow of the late Dr. Newton A. Lindley, aged 38 years.

SIMMONS.—In Westmoreland, Vt., July 2d, Dr. Barton Simmons, aged 78 years, 3 months.